



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | |
|---|-------------------------------|--------------------------|--------------------------------|---|
| 2. Last Name RYAN | First Name LAWRENCE | Middle Name M | Nickname LARRY | 3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee |
| 4. Mailing Address 2616 FINLEY AVE | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) SSINDYD@AOL.COM |
| 7. City INDIANAPOLIS | State IN | ZIP Code 46203 | 8. County MARION | 9. Telephone (Day) (317) 784-7371 |
| 11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other | | | 10. Telephone (Evening) () | |
| 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CENTER TOWNSHIP BOARD DIST 5 | | | | |

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

| | | | | |
|---|--------------------|---------------------------|---|---|
| 13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name LAWRENCE M RYAN FOR CENTER TOWNSHIP BOARD | | | | |
| 14. Mailing Address <input type="checkbox"/> Check if this is a new address 2616 FINLEY AVE | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) SSINDYD@AOL.COM |
| 17. City INDIANAPOLIS | State IN | ZIP Code 46203 | 18. County MARION | 19. Telephone (Day) (317) 784-7371 |
| 20. Committee Organization Date (MM-DD-YY) 1-11-16 | | | | |
| 21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson LAWRENCE M RYAN | | | | |
| 22. Mailing Address <input type="checkbox"/> Check if this is a new address 2616 FINLEY AVE | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) SSINDYD@AOL.COM |
| 25. City INDIANAPOLIS | State IN | ZIP Code 46203 | 26. County MARION | 27. Telephone (Day) (317) 784-7371 |
| 28. Telephone (Evening) () | | | | |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) 10 CREDIT UNION | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) | | | 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

| | | | | | | |
|--|--------------------|--|-----------------------------|---|--|--|
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. LAWRENCE M RYAN | | Person Appointed Treasurer LAWRENCE M RYAN | | | Signature of the Committee Chairperson Lawrence M Ryan | |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer LAWRENCE M RYAN | | | | | | |
| 34. Mailing Address <input type="checkbox"/> Check if this is a new address 2616 FINLEY AVE | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) SSINDYD@AOL.COM | | |
| 37. City INDIANAPOLIS | State IN | ZIP Code 46203 | 38. County MARION | 39. Telephone (Day) (317) 784-7371 | 40. Telephone (Evening) () | |

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

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| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | Signature of Person Accepting Appointment Lawrence M Ryan |
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

| | | |
|--|--|-----------------------------------|
| 42. Typed or Printed Name of Chairperson LAWRENCE M RYAN | Signature of Chairperson Lawrence M Ryan | Date (MM-DD-YY) 1-11-16 |
| 43. Typed or Printed Name of Candidate LAWRENCE M RYAN | Signature of Candidate Lawrence M Ryan | Date (MM-DD-YY) 1-11-16 |

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myla A. Eldredge

JAN 11 2016

FILED